

2017 Rate Chart For Active Employees

Budgeted Positions at more than 20 hours per week

This Chart applies to all Employees whose positions are represented by any of the following units:

GC Management; DC #48; NMNR; TEAM; Assc of Scient Pers; Assc of Muni Attys;
SNC; Loc 510 IAM; Loc 494 Mach; Loc 75 Plumbers; Loc 195 Bridge Operators; Loc 139;
Loc 61 Sanitation; ALEASP; Police Aides; Loc 494 FEDS; Loc 494 Electrical; MBCTC;

EMPLOYEE RATE INFORMATION

**An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.**

2017 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 271.48	\$ 37.02	\$ 74.04	\$ 363.00	\$ 271.48	\$ 91.52	\$ 183.04
Employee + Spouse	\$ 617.00	\$ 542.96	\$ 74.04	\$ 148.08	\$ 726.00	\$ 542.96	\$ 183.04	\$ 366.08
Employee + Child(ren)	\$ 463.00	\$ 407.44	\$ 55.56	\$ 111.12	\$ 544.50	\$ 407.44	\$ 137.06	\$ 274.12
Family	\$ 925.50	\$ 814.44	\$ 111.06	\$ 222.12	\$1,089.00	\$ 814.44	\$ 274.56	\$ 549.12

2017 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 13.76	\$ 6.50	\$ 7.26	\$ 14.52	\$ 47.55	\$ 18.75	\$ 28.80	\$ 57.60
Care-Plus	\$ 25.55	\$ 6.50	\$ 19.05	\$ 38.10	\$ 75.28	\$ 18.75	\$ 56.53	\$ 113.06
DentalBlue	\$ 27.30	\$ 6.50	\$ 20.80	\$ 41.60	\$ 81.89	\$ 18.75	\$ 63.14	\$ 126.28

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2017 RATE CHART FOR ACTIVE AGENCY EMPLOYEES

This Chart applies to all Employees whose positions are represented by any of the following units:
HACM, RACM, MEDC & WCD EMPLOYEES

EMPLOYEE RATE INFORMATION

**An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.**

2017 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 271.48	\$ 37.02	\$ 74.04	\$ 363.00	\$ 271.48	\$ 91.52	\$ 183.04
Employee + Spouse	\$ 617.00	\$ 542.96	\$ 74.04	\$ 148.08	\$ 726.00	\$ 542.96	\$ 183.04	\$ 366.08
Employee + Child(ren)	\$ 463.00	\$ 407.44	\$ 55.56	\$ 111.12	\$ 544.50	\$ 407.44	\$ 137.06	\$ 274.12
Family	\$ 925.50	\$ 814.44	\$ 111.06	\$ 222.12	\$1,089.00	\$ 814.44	\$ 274.56	\$ 549.12

2017 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 13.76	\$ 6.50	\$ 7.26	\$ 14.52	\$ 47.55	\$ 18.75	\$ 28.80	\$ 57.60
Care-Plus	\$ 25.55	\$ 6.50	\$ 19.05	\$ 38.10	\$ 75.28	\$ 18.75	\$ 56.53	\$ 113.06
DentalBlue	\$ 27.30	\$ 6.50	\$ 20.80	\$ 41.60	\$ 81.89	\$ 18.75	\$ 63.14	\$ 126.28

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2017 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Milwaukee Professional Fire Fighters' Assc - Loc 215; Sworn Fire Management

EMPLOYEE RATE INFORMATION*

*(Rate subject to change in negotiations)

**An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.**

2017 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 276.48	\$ 32.02	\$ 64.04	\$ 363.00	\$ 324.44	\$ 38.56	\$ 77.12
Employee + Spouse	\$ 617.00	\$ 552.96	\$ 64.04	\$ 128.08	\$ 726.00	\$ 648.88	\$ 77.12	\$ 154.24
Employee + Child(ren)	\$ 463.00	\$ 412.44	\$ 50.56	\$ 101.12	\$ 544.50	\$ 484.16	\$ 60.34	\$ 120.68
Family	\$ 925.50	\$ 824.44	\$ 101.06	\$ 202.12	\$ 1,089.00	\$ 968.32	\$ 120.68	\$ 241.36

2017 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single		FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family	
			Employee Bi-Weekly Rate	Employee Monthly Rate			Employee Bi-Weekly Rate	Employee Monthly Rate
MetLife	\$ 16.51	\$ 6.50	\$ 10.01	\$ 20.02	\$ 47.29	\$ 18.75	\$ 28.54	\$ 57.08
Care-Plus	\$ 25.55	\$ 6.50	\$ 19.05	\$ 38.10	\$ 75.28	\$ 18.75	\$ 56.53	\$ 113.06
DentalBlue	\$ 27.30	\$ 6.50	\$ 20.80	\$ 41.60	\$ 81.89	\$ 18.75	\$ 63.14	\$ 126.28

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action. These rates reflect a \$10 per month Single or a \$20 per month family adjustment for completing the Wellness Program.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2017 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:

Milwaukee Police Association (MPA)

MPA EMPLOYEE RATE INFORMATION*

*(Rate subject to change in negotiations)

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2017 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 276.48	\$ 32.02	\$ 64.04	\$ 363.00	\$ 324.44	\$ 38.56	\$ 77.12
Employee + Spouse	\$ 617.00	\$ 552.96	\$ 64.04	\$ 128.08	\$ 726.00	\$ 648.88	\$ 77.12	\$ 154.24
Employee + Child(ren)	\$ 463.00	\$ 412.44	\$ 50.56	\$ 101.12	\$ 544.50	\$ 484.16	\$ 60.34	\$ 120.68
Family	\$ 925.50	\$ 824.44	\$ 101.06	\$ 202.12	\$ 1,089.00	\$ 968.32	\$ 120.68	\$ 241.36

2017 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 16.56	\$ 6.50	\$ 10.06	\$ 20.12	\$ 50.37	\$ 18.75	\$ 31.62	\$ 63.24
Care-Plus	\$ 25.55	\$ 6.50	\$ 19.05	\$ 38.10	\$ 75.28	\$ 18.75	\$ 56.53	\$ 113.06
DentalBlue	\$ 27.30	\$ 6.50	\$ 20.80	\$ 41.60	\$ 81.89	\$ 18.75	\$ 63.14	\$ 126.28

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action. These rates reflect a \$10 per month Single or a \$20 per month family adjustment for completing the Wellness Program.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2017 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Milwaukee Police Supervisors Organization (MPSO); Sworn Police Management

EMPLOYEE RATE INFORMATION*

*(Rate subject to change in negotiations)

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2017 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 276.48	\$ 32.02	\$ 64.04	\$ 363.00	\$ 324.44	\$ 38.56	\$ 77.12
Employee + Spouse	\$ 617.00	\$ 552.96	\$ 64.04	\$ 128.08	\$ 726.00	\$ 648.88	\$ 77.12	\$ 154.24
Employee + Child(ren)	\$ 463.00	\$ 412.44	\$ 50.56	\$ 101.12	\$ 544.50	\$ 484.16	\$ 60.34	\$ 120.68
Family	\$ 925.50	\$ 824.44	\$ 101.06	\$ 202.12	\$ 1,089.00	\$ 968.32	\$ 120.68	\$ 241.36

2017 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 16.56	\$ 6.50	\$ 10.06	\$ 20.12	\$ 50.37	\$ 18.75	\$ 31.62	\$ 63.24
Care-Plus	\$ 25.55	\$ 6.50	\$ 19.05	\$ 38.10	\$ 75.28	\$ 18.75	\$ 56.53	\$ 113.06
DentalBlue	\$ 27.30	\$ 6.50	\$ 20.80	\$ 41.60	\$ 81.89	\$ 18.75	\$ 63.14	\$ 126.28

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action. These rates reflect a \$10 per month Single or a \$20 per month family adjustment for completing the Wellness Program.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2017 RATE CHART FOR ACTIVE LBE EMPLOYEES

Limited Benefit Employees (LBE) = Budgeted Positions at Half Time (20 hours per week)

This Chart applies to all employees whose positions are represented by any of the following units:

GC Management; NMNR; ALEASP (Clerical); Police Service Specialist (ALEASP); DC #48; MBCTC;
TEAM; Assc of Scient Pers; Assc of Muni Atty; SNC; Loc 139; Loc 61 Sanitation;
Loc 195 Bridge Operators; Loc 78 Plumbers; Loc 494 Mach Shop; Loc 510 IAM; Loc 494 Electrical

(Seasonal employees are not eligible for City dental coverage)

HEALTH PLAN "LBE EMPLOYEE RATE" COMPUTATION

For 2017, the City will contribute 75% of the Single Premium and 60% of the Family Premium of the lowest cost plan, excludes HDHP.

EMPLOYEE RATE INFORMATION

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2017 LBE Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	Single Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	Family Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 231.38	\$ 77.12	\$ 154.24	\$ 363.00	\$ 231.38	\$ 131.62	\$ 263.24
Employee + Spouse	\$ 617.00	\$ 370.20	\$ 246.80	\$ 493.60	\$ 726.00	\$ 370.20	\$ 355.80	\$ 711.60
Employee + Child(ren)	\$ 463.00	\$ 277.80	\$ 185.20	\$ 370.40	\$ 544.50	\$ 277.80	\$ 266.70	\$ 533.40
Family	\$ 925.50	\$ 555.30	\$ 370.20	\$ 740.40	\$ 1,089.00	\$ 555.30	\$ 533.70	\$ 1,067.40

2017 LBE Employee DENTAL Plan Payroll Contribution

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
MetLife	\$ 13.76	\$ 3.25	\$ 10.51	\$ 21.02	\$ 47.55	\$ 9.38	\$ 38.17	\$ 76.34
Care-Plus	\$ 25.55	\$ 3.25	\$ 22.30	\$ 44.60	\$ 75.28	\$ 9.38	\$ 65.90	\$ 131.80
DentalBlue	\$ 27.30	\$ 3.25	\$ 24.05	\$ 48.10	\$ 81.89	\$ 9.38	\$ 72.51	\$ 145.02

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

2017 RATE CHART FOR ACTIVE CITY LABORERS

This Chart applies to all employees whose positions are represented by any of the following units:

CITY LABORERS - HEALTH BENEFIT ONLY

(Non-Benefit City Laborers are not eligible for dental coverage)

HEALTH PLAN CITY LABORER RATE COMPUTATION

For 2017, the City will contribute 75% of the Single Premium and 60% of the Family Premium of the lowest cost plan, excludes HDHP.
For 2017, the City Laborer will contribute 25% of the Single Premium and 40% of the Family Premium of the lowest cost plan, excludes HDHP.

EMPLOYEE RATE INFORMATION

An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.

In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.

2017 City Laborer HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	Single Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	Family Required City Contribution	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 308.50	\$ 231.38	\$ 77.12	\$ 154.24	\$ 363.00	\$ 231.38	\$ 131.62	\$ 263.24
Employee + Spouse	\$ 617.00	\$ 370.20	\$ 246.80	\$ 493.60	\$ 726.00	\$ 370.20	\$ 355.80	\$ 711.60
Employee + Child(ren)	\$ 463.00	\$ 277.80	\$ 185.20	\$ 370.40	\$ 544.50	\$ 277.80	\$ 266.70	\$ 533.40
Family	\$ 925.50	\$ 555.30	\$ 370.20	\$ 740.40	\$ 1,089.00	\$ 555.30	\$ 533.70	\$ 1,067.40

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.

ACA NOTICE: If an employee waives their health insurance and if the employee does not have other health insurance benefits or coverage through a spouse or family member, the employee will be subject to the Affordable Care Act and any financial penalties associated with not having health insurance benefits.

City of Milwaukee
DER/Employee Benefits Division
Full Premium Rates (100%)

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 617.00	\$ 726.00
Employee + Spouse	\$ 1,234.00	\$ 1,452.00
Employee + Child(ren)	\$ 926.00	\$ 1,089.00
Family	\$ 1,851.00	\$ 2,178.00
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 27.52	\$ 95.09
Care-Plus	\$ 51.09	\$ 150.55
DentalBlue	\$ 54.59	\$ 163.78

City of Milwaukee
DER/Employee Benefits Division
Rates include a 2% Admin Fee

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 629.34	\$ 740.52
Employee + Spouse	\$ 1,258.68	\$ 1,481.04
Employee + Child(ren)	\$ 944.52	\$ 1,110.78
Family	\$ 1,888.02	\$ 2,221.56
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 28.07	\$ 96.99
Care-Plus	\$ 52.11	\$ 153.56
DentalBlue	\$ 55.68	\$ 167.06

City of Milwaukee
Department of Employee Relations

City of Milwaukee
DER/Employee Benefits Division
Disability Retirees

2017 COBRA HEALTH PREMIUM RATES

HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 925.50	\$ 1,089.00
Employee + Spouse	\$ 1,851.00	\$ 2,178.00
Employee + Child(ren)	\$ 1,389.00	\$ 1,633.50
Family	\$ 2,776.50	\$ 3,267.00

Rates Include a 50% Admin Fee

2017 COBRA DENTAL PREMIUM RATES

DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 41.28	\$ 142.64
Care-Plus	\$ 76.64	\$ 225.83
DentalBlue	\$ 81.89	\$ 245.67

Rates Include a 50% Admin Fee

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

COBRA DISABILITY EXTENSION RATES

2017 COBRA HEALTH DISABILITY EXTENSION RATES (x 1.5%)

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 925.50	\$ 1,089.00
Employee + Spouse	\$ 1,851.00	\$ 2,178.00
Employee + Child(ren)	\$ 1,389.00	\$ 1,633.50
Family	\$ 2,776.50	\$ 3,267.00
Rates Include a 50% Admin Fee		
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 41.28	\$ 142.64
Care-Plus	\$ 76.64	\$ 225.83
DentalBlue	\$ 81.89	\$ 245.67
Rates Include a 50% Admin Fee		

If you have questions, please call our office at (414) 286-3184 and your question(s) will be directed to the appropriate person.

City of Milwaukee - POLICE
DER/Employee Benefits Division
Full Premium Rates (100%)

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 617.00	\$ 726.00
Employee + Spouse	\$ 1,234.00	\$ 1,452.00
Employee + Child(ren)	\$ 926.00	\$ 1,089.00
Family	\$ 1,851.00	\$ 2,178.00
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 33.11	\$ 100.73
Care-Plus	\$ 51.09	\$ 150.55
DentalBlue	\$ 54.59	\$ 163.78

City of Milwaukee - POLICE
DER/Employee Benefits Division
Rates include a 2% Admin Fee

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate
Single	\$ 629.34	\$ 740.52
Employee + Spouse	\$ 1,258.68	\$ 1,481.04
Employee + Child(ren)	\$ 944.52	\$ 1,110.78
Family	\$ 1,888.02	\$ 2,221.56
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 33.78	\$ 102.75
Care-Plus	\$ 52.12	\$ 153.57
DentalBlue	\$ 55.69	\$ 167.06

POLICE Disability Retirees

2017 COBRA HEALTH PREMIUM RATES

HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 925.50	\$ 1,089.00
Employee + Spouse	\$ 1,851.00	\$ 2,178.00
Employee + Child(ren)	\$ 1,389.00	\$ 1,633.50
Family	\$ 2,776.50	\$ 3,267.00

Rates include a 50% Admin Fee

2017 COBRA DENTAL PREMIUM RATES

DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 49.67	\$ 151.10
Care-Plus	\$ 76.64	\$ 225.83
DentalBlue	\$ 81.89	\$ 245.67

Rates include a 50% Admin Fee

City of Milwaukee
DER/Employee Benefits Division
Medical Benefits Section

POLICE COBRA DISABILITY EXTENSION RATES

2017 COBRA HEALTH DISABILITY EXTENSION RATES (x 1.5%)

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 925.50	\$ 1,089.00
Employee + Spouse	\$ 1,851.00	\$ 2,178.00
Employee + Child(ren)	\$ 1,389.00	\$ 1,633.50
Family	\$ 2,776.50	\$ 3,267.00
Rates include a 50% Admin Fee		
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 49.67	\$ 151.10
Care-Plus	\$ 76.64	\$ 225.83
DentalBlue	\$ 81.89	\$ 245.67
Rates include a 50% Admin Fee		

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City of Milwaukee - FIRE
DER/Employee Benefits Division
Full Premium Rates (100%)

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 617.00	\$ 726.00
Employee + Spouse	\$ 1,234.00	\$ 1,452.00
Employee + Child(ren)	\$ 926.00	\$ 1,089.00
Family	\$ 1,851.00	\$ 2,178.00
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 33.02	\$ 94.57
Care-Plus	\$ 51.09	\$ 150.55
DentalBlue	\$ 54.59	\$ 163.78

City of Milwaukee - FIRE
DER/Employee Benefits Division
Rates include a 2% Admin Fee

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate
Single	\$ 629.34	\$ 740.52
Employee + Spouse	\$ 1,258.68	\$ 1,481.04
Employee + Child(ren)	\$ 944.52	\$ 1,110.78
Family	\$ 1,888.02	\$ 2,221.56
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 33.69	\$ 96.47
Care-Plus	\$ 52.12	\$ 153.57
DentalBlue	\$ 55.69	\$ 167.06

FIRE Disability Retirees

2017 COBRA HEALTH PREMIUM RATES

HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 925.50	\$ 1,089.00
Employee + Spouse	\$ 1,851.00	\$ 2,178.00
Employee + Child(ren)	\$ 1,389.00	\$ 1,633.50
Family	\$ 2,776.50	\$ 3,267.00

Rates include a 50% Admin Fee

2017 COBRA DENTAL PREMIUM RATES

DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 49.53	\$ 141.86
Care-Plus	\$ 76.64	\$ 225.83
DentalBlue	\$ 81.89	\$ 245.67

Rates include a 50% Admin Fee

FIRE COBRA DISABILITY EXTENSION RATES

2017 COBRA HEALTH DISABILITY EXTENSION
 RATES (x 1.5%)

2017 COBRA HEALTH PREMIUM RATES		
HEALTH	UHC Choice Rate (EPO)	UHC Choice Plus Rate (PPO)
Single	\$ 925.50	\$ 1,089.00
Employee + Spouse	\$ 1,851.00	\$ 2,178.00
Employee + Child(ren)	\$ 1,389.00	\$ 1,633.50
Family	\$ 2,776.50	\$ 3,267.00
Rates include a 50% Admin Fee		
2017 COBRA DENTAL PREMIUM RATES		
DENTAL PLAN	SINGLE PREMIUM	FAMILY PREMIUM
MetLife	\$ 49.53	\$ 141.86
Care-Plus	\$ 76.64	\$ 225.83
DentalBlue	\$ 81.89	\$ 245.67
Rates include a 50% Admin Fee		

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